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> function as a whole but in bits. A man in one situation utilizes what in the beliefs are convenient to him and pays no attention to other elements which he might use in different situations. Hence a single event may evoke a number of different and contradictory beliefs among different persons. (Evans-Pritchard 1937: 540)

Much the same thing could be said of Badaga medicine. It is much more of a craft than a science, a fact that Weber recognized long ago as characterizing Indian therapy in general: "Medicine. . .in India, though highly developed in empirical technique, lacked a biological and particularly a biochemical foundation" (1930: 14).

The very fact that Badaga therapy has some of the characteristics of an art allows each therapist to elaborate the system in her own creative way wherever she sees a benefit in doing so. This brings us to a most important theoretical topic that should be central to all anthropological writing on cultural change, but curiously has not been: namely the role of women in cultural change. What seems like a conspiracy of silence on the subject has come about because of a greater concentration on processes than on personnel. Redfield, Kroeber, and many of their students have concerned themselves with such topics as innovation, diffusion, assimilation, acculturation, and so on, but have for the most part left the impression that these were realms of male activity. Such a misconception arose from a simplistic view of the role of women in alien societies. Indeed, in many of the societies studied it was difficult for male anthropologists to conduct extensive interviews with female informants: the view of female roles was thus to some extent a paraphrase of what male informants within the society saw those female roles to be.... And of course they were commonly stated to be woman as mother, woman as housekeeper, woman as trader, woman as agriculturist; more rarely, woman as politician or as lover. But woman as disciplinarian, poet, philosopher or innovator were topics scarcely ever touched in the cultural change literature. In the Badaga case it seems likely that while men did innovate in such areas as ritual and animal husbandry, women were commonly the innovators in therapy and midwifery, while both sexes probably had a role to play in the extensive agricultural and social innovations that followed upon their settlement on the Nilgiris.

1.13. For convenience we will now summarize very briefly the range of therapeutic practices that are to be described below in Chapters 5-8.

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(*a*) All medicines are more-or-less liquid: Badagas administer no indigenous pills or powders, although a few of their medicines are prepared and stored in the form of powders to which water must be added before they are put to use. (Nowadays though, aspirin is in common use.)

(*b*) Changes in the diet may give the patient foods with a "heating" or a "cooling" effect, as required (cf. 2.1).

(*c*) Manipulation of the body can occur by hand, by falling water, or with ropes tied round the head.

(*d*) Except for tonsilectomy, goitre and minor skin problems, no surgery is performed.

(*e*) Patients are often to be kept warm, or even made to sit under a blanket in a sweat bath.

(*f*) Branding of the trunk and limbs occurs in certain cures.

(*g*) Pastes are applied externally for a variety of maladies.

(*h*) Offerings and prayers to gods and goddesses are common; so are vows to reward a deity later for the birth of a son.

(*i*) A complicated exorcism is resorted to when the patient is possessed by a "bad ghost."

(*j*) Some local specialists, usually not Badagas, place much reliance on the recitation of protective or curative spells; this is especially important in exorcism.

(*k*) Among the 10 per cent of Badagas who are Lingayat, it used to be customary to invite the priest (*guru*) to a house where someone was sick. *Guru pu:ja* would be performed, during which the *guru*'s feet would be washed and the sanctified water collected afterwards. If the sick person drank this water, it was thought he might hope to be cured; but today most Lingayats do not believe in its curative powers, even though the *Guru pu:ja* is still performed.

(*l*) Vegetable substances are touched on or held near the patient.

It will be noticed that many Badaga cures are based on what we may feel are rational procedures: appeals to the supernatural are not always the favoured approach, and when used they are often accompanied by more rational herbal therapy as well. Nevertheless the ritualistic aspect of therapy is important, and should be given some attention (cf. 10.19).

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entire body, and with the medicine wrapped in one of the other pieces of cloth dabs this all over the body—through the cotton covering it, which is believed to protect the patient from scalding. The medicine is very hot. It is permissible for someone else to help the therapist apply it to the patient. Even the genitalia and the soles of the feet are dabbed in this manner. The dabbing is done more carefully on the side which is paralyzed. After this procedure all the solids in the cloths are put back into the pot.

If the Big Wind does not cure easily the therapist can find the actual place where the god touched the patient. He then presses the solid medicine firmly on that spot as well as dabbing it over the rest of the body. The place is located by grinding sandalwood with water to make a paste and smearing this all over the body. It dries everywhere except where the god has touched the body. In mild cases however the point of touch may be only the size of a pinhead, so that it would not be seen even when the paste was on the body. If the touch was somewhere under the hair it would not be seen by the sandalwood test either; for a woman patient's head cannot be shaved, and a man's is generally not either. Under such circumstances there is nothing to be gained by using the sandalwood test. If the therapist finds and touches the spot where the god touched the body, he can feel that it is very cold. If the spot is on the arm it can affect the "nerve" so that the whole limb is affected.

After the last curing session of the night the therapist rubs some of the solid medicine on the roof of the patient's mouth, after it has been allowed to cool a little; and just before doing that he gives the patient one or two ounces of the liquid from the pot, which he drinks. There is thus no need to rub the solid medicine on his tongue. At this time the therapist may also pour the hot

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watery medicine over the patient's body. He does not rub the body, but allows the patient to sit by the fire and dry.

It will be recalled that the therapist brought strips of bark from the Indian willow, which were not mixed into the medicine. After completing the treatment the therapist puts one of these long strips around the patient's neck, and two more—one above the elbow and one at the ankle—on the side of the body which is partially paralyzed. These strips are knotted very loosely: for it is permissible for them to fall off, provided they do so of their own accord and not because someone takes them off.

When his tongue cannot move it is because the Big Wind struck him there. The compress is then dabbed all over the body in the usual manner, but a liquid medicine is given the patient too (unless the dabbing of his body loosens his tongue). This medicine is the juice of the St. John's wort. It is obtained by slashing the bark and waiting a day or two for the juice to exude. It is then drunk diluted with a little hot water.

It is now alright for the patient to have coffee if he wants it. Then he lies down and is covered with several rugs. He is only wearing a loin-cloth, except that in a very serious case he will still be wearing the wet cloth on which the medicine has been dabbed.

The patient then sleeps. In the early morning the therapist orders the people present to clean the house and sprinkle liquid cowdung on the floor before the door is opened. Just before the cleaning starts he takes the pot of medicine upstairs and leaves it there. No women or children should go upstairs while it is there. After the purification of the house the therapist opens the door and goes out onto the yard to pray. Only after he has returned to the house are other members of the family allowed to go outside too. Before they

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759 instructions for taking the medicine he prepares from it, depending upon which of the half-dozen related *ka:male* diseases he diagnoses.
757 10.9. Therapists, both male and female, who treat people are regularly called in to treat animals too, and midwives are often asked
759 to help deliver calves. Kurumbas and Todas are not called in to
232 treat Badaga cattle; (the Todas treat their own). Women therapists never treat cattle for *kundu* (see Appendix), since this requires that the therapists remove his loin-cloth at the time.

•75 It is a common subject for question and objection on the part of Western intellectuals that primitive therapeutic systems probably do no demonstrable good to the patient, unless it be the psychological good of convincing him that he is cared for. This would not, I think, be a charitable view to adopt with Badaga therapeutics, since the many herbal remedies do demonstrably cure very often. Though
759 we can probably accept that therapy has a real role in maintenance of the human organism and in its reproduction, we cannot however
232 speak with so much confidence of the ecological role played by therapists in the preservation of cattle. The prayers and rituals for curing cattle perhaps relieve Badaga anxieties, but they clearly bring no objective benefit to the cattle unless accompanied by effective medicines. Most of the cures and advice offered by therapists do in fact have to be ruled out as ineffective: it is perhaps only with the birth and raising of calves that we can feel confident the therapist makes a genuine contribution to the health of cattle and hence to the supply of Badaga foodstuffs.

Missionary Therapists

177 10.10. It is important to realize that Badagas have been familiar
799 with selected aspects of Western medical practice since shortly after John Sullivan established the first British settlement on the Nilgiris in 1819 (Hockings 1973). While there is no record of his having offered, or even been qualified to do, any medical treatment for the native population, others did begin to do this soon afterwards. In the 1840s a retired judge, J.G. Casamajor, devoted his declining years to the health and welfare of his Badaga neighbours: "There was a room in [his] Kaity house, a sort of hospital, where Mr. Casamajor for a long time attended every morning from 7-8 o'clock, giving medicines to the fever patients, putting plasters upon the wounds and sores of the poor, giving clothes to the naked [sic!],

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Without going through the entire repertoire of Badaga therapy once more to show where symbolic interpretations are possible, we will only look briefly at the treatment given to the childhood illnesses, and take this as a rough sampling of the entire corpus.

In this review we should first note that certain of the treatments appear to involve no symbolic element whatever, but rather to call for the simple manipulation of affected parts of the body (5.27, 5.28, 5.34). In other instances medicines are given which probably have a genuinely therapeutic or nutritional value (although I am not qualified to vouch for the worth of particular medicaments) (5.35, 5.38). Yet we find almost as many treatments reported which appear to have symbolic dimensions, even though some of these may also involve pharmacologically sound procedures. Thus the hair is shaved repeatedly from the head of a baby with scant or patchy hair (5.26). Alternatively little fern buds that look like green ringlets are ground up for use as a shampoo (5.26). In another disease hairy bezoar-stone is rubbed onto the bald patches of a head (5.26). The flesh of a monkey that has a distinctive whooping cry is bought as a cure for whooping-cough (5.31). A cough is cured with medicines made from animal matter associated with tickling, from hares or peacocks (5.29). Pastes of rice-water or American aloe are briefly allowed to encake the lower parts of babies whose legs or hips need strengthening (5.32, 5.33). The final stage of removing tonsils with the fingers involves a substance made from finger millet (the inflorescence of which resembles some tiny fingers; 5.28). When a child gets frightened by a fall a piece of the very ground he has fallen onto is touched to the child's tongue, a most intimate gesture of confidence-building (5.39). And when a child is otherwise frightened a central part of the curing ritual is to startle him again with things that he can see are harmless, namely flowers, grass and water (5.40). (One is reminded here of the English tippler's rememdy, "Have a hair of the dog that bit you!") And after being bitten by a snake one must at all costs avoid something else cold and flowing, namely water (6.22).

What such remedies attempt to do in a symbolic way is to show that the seemingly uncontrollable—the malady and the organs inside a patient's body—can be manipulated by man's mind. This is not usually done, as it is in Western medicine, through the actual manipulation by surgery or pharmaceutics of the disease-causing agents, but rather by the manipulation of materials that are perceived by

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taste, smell, or most commonly sight to be *like* the illness effects: "An invisible force is dealt with visibly by means that are meant and understood to be symbolic" (Ackerknecht 1942).

10.20. The job of the therapist is to bring about, by such culturally appropriate means, the apparent termination of a condition in the sick person which either does prevent him or is potentially going to prevent him from fulfilling all his roles in Badaga society. His disablement may be permanent or quite temporary, but he or his relatives will seek help in ending it. The general status of a sick person in this society (as in any other) is made clearer by considering Talcott Parsons' useful definition of the sick as people unable to perform certain tasks or certain role behaviour. Sickness is thus different from other types of deviance because it is a status that can be legitimized if the person recognizes he is ill, wants to get well, and seeks help from the appropriate mediator in his society when a cure does not come spontaneously by the action of his body defences (Parsons 1951: 428-47).

There is a possibility with older patients, on the other hand, that "sickness episodes may also contribute to the orderliness of social life, since they are a useful vehicle for communicating and legitimizing changes in how social relations are distributed within a community" (Young 1976: 12). Being chronically sick can be a face-saving way of relinquishing roles one is no longer able to fulfil adequately. The many proverbs cited in the preceding chapter (9.1-9.6) indicate the clear recognition in Badaga culture that old age brings the personality into a different, "half-dried log" condition. Consequently there is less concern with healing the sick elders, and less differentiation recognized between a state of illness and one of old age. The elderly are obliged to accept the change and the curtailment of several roles, and chronic illness is in some cases an adequate means of giving them up while adopting a new and simpler role, one that entails fewer obligations.

In such a process of reorientation,

> Sickness episodes are able to communicate complex models in a readily recognizable way. Etiologies cast a broad net, implicating objects, qualities, and events in every aspect of life; they sort out these diverse kinds of fact, combine them into relationships that cannot be articulated in everyday contexts,

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and by juxtaposing ("polarizing") them with organic processes make them cognitively impressive. (Young 1976: 18)

The task of the therapist in this endeavour is "to communicate and legitimize the episode's outcome . . . according to rules shared by sick persons, healers, and audiences" (Young 1976: 16). The therapist tries to give some convincing assurance that health will be restored, and is very much a mediator.

Conclusion

10.21. In this study we have seen that the Badaga refugees, after settling on the Nilgiri Massif, began to elaborate principles of therapy that relied on the montane herbs and also on a logic of symbolism. We cannot seriously speak of *one* medical system, however, for it appears that different villages—and there are altogether 370 of them—developed divergent traditions of curing that were transmitted virilocally from older married women to their sons' wives, for the most part, and sometimes to their sons. Badaga therapeutics can be viewed as a type of ritual, and as such it has certain distinctive characteristics. It is a formal technique for mediating between certain individuals and the realm of the unknown, serving some of the more pragmatic needs of people in their dealings with the unknown ; and as ritual it has its specialized practitioners. This however is too general a way of putting the matter. The therapist performs two functions: pharmacalogically, we may expect that some of the ingredients in some of the medicaments have a beneficial effect; and psychologically, we can argue that the curative procedures serve to label some maladies that would otherwise go undiagnosed and unnamed, and thus to make it appear that a medical problem can be taken care of by the therapist. This certainly is an important aspect of the recuperation process.

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In their therapeutics and through the accumulated pragmatic knowledge of their specialists the Badaga people have over the centuries attempted to control an impinging aspect of their environment, namely disease. To the extent that the community has survived and multiplied a hundredfold, their therapy is worthy of study and their pharmacology deserves some recognition.

Badaga medicine is also of interest from another point of view. It is not aligned to the Ayurvedic system, which is an aspect of the

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Great Tradition of Hindu culture. Badaga therapy represents instead a localized, Little Tradition. Ayurveda is a relatively closed system; Badaga therapeutics like any folk-medicine is a relatively open one. Individual creativity and change are hallmarks of an open system, or are best expressed within one. In the Badaga case this was one important arena in which women were innovators of culture and preservers of life.

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after a few hours. This seemingly trivial belief had a hygienic importance, for it meant that fresh milk would be used quickly and not kept, lest the tabu about boiling be violated. If milk were allowed to "boil up" (i.e., curdle) *of its own accord*, this was taken as an omen of imminent danger or death for the household, and thus a very serious matter indeed.

The effect upon Badaga health of the changes in drinking habits outlined above was reinforced by other cultural practices, specifically in regard to buffalo dung and spitting. Various maps of Badaga villages made in the first half of the nineteenth century show that several stone kraals were located just outside each village. This means that the fecal matter of buffalo herds was confined to a certain place; (I have myself seen dung over a foot deep in some kraals). Unsavoury though these places must have been, they ensured that the dung was not spread throughout the habitation area of each village, and this substantially reduced "the chance of transference of enzootic and epizootic diseases to man" (Alland 1970: 56). As the value of farmland for tea and potato cultivation grew, especially during the present century, the Badaga population increased dramatically but the size of the cattle herds dwindled. The present-day situation is therefore that Badaga population density is vastly higher than it was, but the risks of cattle-borne infection are proportionately much less because the lack of grazing has forced them to make heavy reductions in the size of their herds and abandon many of the kraals.

As we shall see below (2.11), indiscriminate spitting was not allowed in and near the home or temple. Spittoons were used inside the house; and a proverb stressed that, "If you ask for an obligation it is essential to see the right people: it is essential to spit in the proper place." With this attitude prevalent, the spread of various viruses and of *Mycobacterium tuberculosis* has been greatly curtailed. The regular washing of the body and shaving of pubic hair described below (2.9, 2.13) have also contributed to health by restricting the incidence of bodily fungi and lice-borne diseases (Alland 1970: 58). In nearly all villages the houses are built in parallel lines with solid stone or brick walls partitioning each house from its neighbours. In Ke:ti, a typical village in this respect, it was found that on the average each row of houses was separated from those in front and behind it by a distance of 10 meters, which was mostly the span of the courtyards. This relative lack of crowding of living space has

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also contributed to a reduction in the spread of viruses, particularly as the cattle are generally kept away from these courtyards fronting the houses.

The ecological significance of these various beliefs and practices is that as the Nilgiri population increased in the nineteenth century and some village streams began to be polluted by this new pressure, the Badagas managed to avoid some contamination by switching from drinking stream water and fresh milk to tea, coffee and sometimes alcohol, all of which would be relatively free of bacterial organisms. The new balance with the environment that this change brought about was certainly one factor in the remarkable increase in the Badaga population ever since the advent of the British (Diagram 1).

At the same time that this change in drinking habits was occurring their eating habits were undergoing an equally radical transformation. In part this was due to the several dozen types of fruit, grain and vegetable introduced from Europe by British settlers and adopted by most Badagas (2.1, Table 2; Hockings 1973: 867). The variety of their diet was thus greatly improved. Also the earlier habit of eating a midday meal, often in open air (Harkness 1832: 111), tended to cease as more and more Badaga adults began working for an hourly or daily wage on the plantations and construction projects initiated by the British, and as increasing numbers of children spent the day in school. In the later nineteenth and early twentieth centuries it thus became usual for Badagas to consume only two meals a day, generally in their own homes, one at sunrise and the other in the evening. The importance of this practice from a hygienic viewpoint was that, because flies are normally active only during daytime, "eating at night or in the early morning may protect food from fly-borne contamination" (Alland 1970: 59). Any change of diet or of custom that tended to reduce the human intake of bacterial organisms was reflected in the greatly increased life expectancy during the past century and a half.

1.8. By the later nineteenth and the twentieth centuries successful exploration of the botanical realm and this steadily increasing Badaga population had, through a process of interaction and by individual experiments, observations of animal browsing, or other acts of discovery about which we can know nothing, developed the third phase in their medical history — the full-fledged therapeutic system described in this book. As an increasingly heavy work-load was

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As an increasingly heavy work-load was placed on the therapists more women entered the craft; and more reliance was placed on Western medicine too. Today the scientific medicine of the public health department, and of government and mission hospitals, is making serious assaults on the faith that Badagas formerly had in their own herbal therapy, and is helping the population to expand at what must be considered an alarming rate (Diagram 1). The traditional therapy was adaptive, indeed crucial, for ancient Badagas trying to gain a foothold in a strange environ-

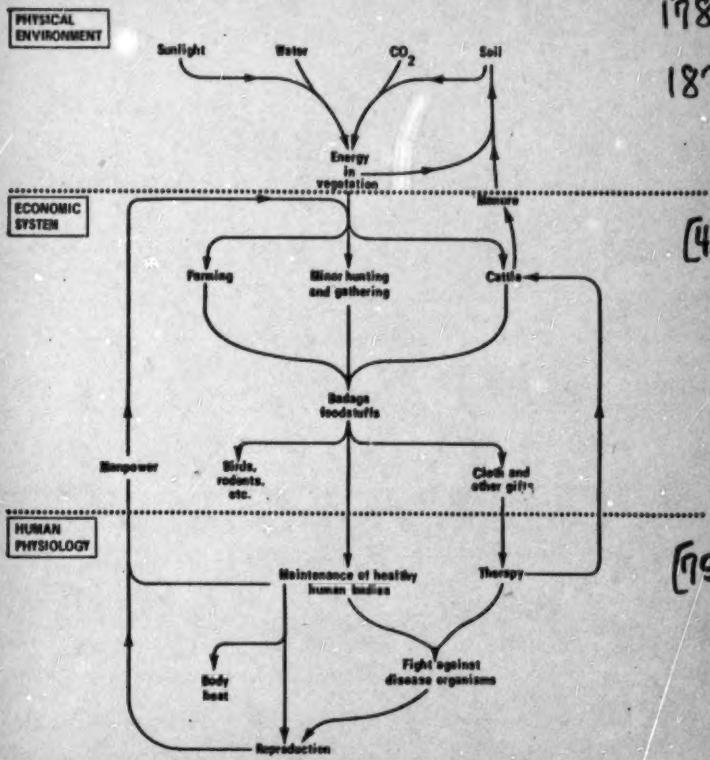

Diagram 2 : A simple model for energy flow in the Badaga ecological system

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friends, the oldest woman of the senior generation level receiving it first, and then passing it on down the hierarchy of seniority. 276

Men commonly smoke *bi:dis* or other commercial cigarettes, but in the early days they too smoked dried pieces of the pepper vine.

Opium

2.8. Unlike tobacco, which grows on the Mysore Plain, the opium poppy is cultivated on the Nilgiris and has been since at least 1811. Until 1845 Badagas manufactured opium legally (Price 1908: 127, 224), and a few people have continued to do so in village gardens ever since. Poppy heads are still obtainable from the bazaars, and Todas, Kotas and Badagas often steep these in cups of coffee (Metz 1864: 132; Gover 1871: 87; Aiyappan 1948: 119). In the nineteenth century addiction seems to have been an occasional problem among Badagas (Macpherson 1820: lix; Mörike 1859: 31). Addicts felt lazy and quite fatigued. Apparently the opium was always chewed, and never smoked (Ouchterlony 1868: 26; "Geofry" 1881: 134; Francis 1908: 291). "The opium was made by scratching the green poppy-heads and collecting, after a day or two, the juice which had exuded, which had by then become gummy. This was generally done in the cold season, when the juice was supposed to be thickest." (Francis: 1908:290) It was more common in the nineteenth century to collect the poppy seed than this exudation, however; but some good quality opium was sold in the plains and even exported to China (Ouchterlony 1868: 26; Francis 1908: 290).

As we demonstrate in Chapter 6, opium was commonly used as a medicine, or as a technique of suicide, rather than as a hallucinogen. The poppy leaves were also boiled for one medicine. Therapists recognize that an addict cannot stop taking opium all at once, for "his nerves will not work and he will become mad," as I was told. Therefore the therapist gradually decreases the daily dosage of opium allowed to an addict until he is getting none. (278) (762)

Other hallucinogens do not seem to have been used by Badagas, even though some of them knew that the Indian willow leaf was dried, pounded and then smoked by the neighbouring Kurumbas for its hallucinogenic effect.

Hygiene 751

2.9. During the nineteenth century a universal complaint from

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751 Europeans was that the Badagas were dirty people (Keys 1812: xlix; Gover 1871: 86; Madras 1928: 63; Vivekanandam Pillai 1937: 247). Some explained this as due to the coldness of the mountain water, others to lack of soap! In fact this latter word had to be borrowed from English; the Badagas used a substitute before they began to buy soap. It was either a piece of bark from the pellitory plant or else was *siakoy*, a powder they made from certain dried fruits.

751 515 The Badagas did not in the past bathe daily, and this was a factor in their lack of resistance to parasites and disease. Since one's relatives often died, however, and festivals were quite frequent too, there were monthly opportunities to bathe before a ceremony or after a funeral. Early in the present century Badagas began to use soap and to bathe at least once a week (Ranga 1934: 68). Nowadays children are washed every evening, while adults bathe first thing each morning. Small children are also given a castor oil bath sometimes, but adults like a bath in sesame oil. This is rubbed all over the head and body, and is then left on while the person sits in the sun for an hour or two. It is easily washed off with soap and water afterwards. Sesame oil is thought to have a "cooling" effect on the body; but it is never swallowed.

751 124 Dissatisfaction with standards of hygiene and cleanliness was minimal in 1963, according to interviews I had then with 301 Badaga males and another 119 females. These adults were asked if they thought hygiene and cleanliness should be improved in their villages. Of the males 8.3 per cent said Yes, 91.7 per cent No; of the women, only 0.8 per cent—one person—said Yes!

751 514 515 2.10. Another complaint of nineteenth century Europeans concerned the use of the Ootacamund Lake and other Nilgiri streams "as a receptacle for sewage of the worst kind," and this was a real health hazard, since the same sources provided most of the drinking water (Price 1908: 35, 170). Conveniently for their own peace of mind, the Badagas have an appropriate saying: "Because the river flows it is not impure." The underlying idea is that if a man washes his rectum in a stream, a girl with menses bathes in it, or someone urinates in it, the water is not impure unless one can actually see blood or feces in the water at the point where one is standing. Even so, every village has a designated place where the women can wash their vulvae. When a person defecates in the countryside, he does not wipe the rectum but walks to the nearest stream and washes it

there. (The Todas are the only group in this region who habitually wipe the rectum with green leaves.)

2.11. The nose is cleaned by holding it between the index finger and thumb of the left hand, and blowing the mucus onto the ground. With babies, a relative sucks the nose and then spits the mucus out.

No one should spit on the floor of the house or blow his nose there. Well-mannered people do not spit on the yard outside either, but might instead spit on the grass of the village green provided nobody else was nearby. Furthermore, people do not spit in a temple out of respect for the god; nor on a funeral ground. Two types of spittoons, nowadays of brass, are kept in the house: a *kuplike* for men and an *uggu kiṇḍi* for men and old women. The latter vessel must be kept in the outer room, and although men do use the vessel they will not touch it. The men's spittoon, *kuplike*, must not be used by women, but may be carried into the inner, more sacred room of the house.

Spitting is an act that normally accompanies the chewing of tobacco. It is charged with a good deal of social significance. Thus if a woman spits on the ground near an enemy, this means: "I don't like you — go away!" A man will spit at an enemy when abusing him, but if he otherwise spits in someone's direction it means he is going to fight with that person. If during a ceremony a boy is staring at a girl in the crowd, she either opens her mouth to show that she will accept his advances, or spits on the ground to show she does not. Until the nineteenth century one of the severest punishments for a woman was to make her drink water from an earthen spittoon in public.

2.12. Badagas clean the teeth by rubbing them with charcoal and then rinsing the mouth. Those who have settled in the Wainaḍ (the Wainaḍ Gaudas) make a black powder for cleaning the teeth, by frying up the husks of grain with salt. A proverb wisely admonishes that, "The teeth are spoiled by not picking with a stick."

2.13. In early days Badaga women rubbed butter into their hair and bodies (as Toda women still do); but they used no scents. In those times women had no hair brushes, and so they would take the prickly seed pod of the thorn-apple, dry it out, and use it instead. Now hairbrushes are universally used.

Women regularly remove their armpit and pubic hair nowadays, with the help of a special soap sold in the market which causes the

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hair to fall out. Some young girls use razors instead of this. The traditional method, still followed by some old women, is to rub wood ash into the pubes for one or two minutes and then pull each hair out separately. There was a wild plant that was dried for a few years, then burnt; and its ashes caused the hair to fall out as they were rubbed onto the body. The reason for removing the hair is that it can harbour ticks.

Before contact with the British, Badaga men shaved with the help of knives made by the Kotas. A potful of water served as a mirror. Later they began to shave themselves with broken bottle glass; and now razors can be bought in the bazaar. There are no professional barbers among the Badagas; but friends do sometimes shave each other. Poor men might shave rich men (but not *vice versa*), for which service they would receive some grain. A great indignity for the very poorest was to shave the pubes of other men for remuneration. Even today one may hear a person being abused with the words, "What can you do? You can't even shave my pubes!" Men regularly remove this hair for the same reason that women do.

Today Badaga men patronize barbers in the towns, but among elders one may still occasionally see the traditional haircut. The hair on top of the head should grow long, and this lock is then tied in a bun (*kotti*) at the back of the head. The sides are cropped short. A moustache gives dignity, and should only be shaved off for the funeral of a very close relative. Priests and headmen should not shave at all. Other matters of hygiene are discussed in the following chapter.

Clothing and Adornment[a]

2.14. It is generally said that before they left Mysore the Badaga women wore *sa:ris* — several meters of cloth draped around the body — and men wore *do:tis* — shorter lengths wrapped around them as loincloths. These at least are the traditional clothes of men and women in the Indian plains, now worn with such extras as blouses, shirts, underwear and shoes. But only in the twentieth century have the Badagas reverted to this plainsman style of dress, and that in combination with certain European influences too.

According to legend the later settlers fled to the Hills in the seven-

[a]Sections 2.14-2.17 are adapted from my longer article, "Badaga Apparel: Protection and Symbol," in *The Fabrics of Culture* (ed. Justine M. Cordwell and Ronald A. Schwarz), pp. 143-174. See bibliography for details.

844 757 (751) A piece of garlic is tied with cloth to each of her big toes, to prevent her from catching cold. (If she gets a heavy cold, the illness is called *janni*, and the temperature of the body is below normal. Then a liquid medicine can be administered). Some five to ten minutes after the oil is given, the (846) mother is offered coffee with palm jaggery. This is given to all women after delivery.

844 4.12. The afterbirth comes a half-hour or so after the delivery, either before or after the mother has taken a bath. If it is slow in coming she will have the bath without waiting for it; although in earlier days it was customary to wait for t. Nowadays government midwives, if called in, pull the afterbirth *ex utero* if it does not immediately follow the delivery; and some others do this too.

844 758 743 Badaga women seldom go to hospital or even call a doctor during child-birth. If they do so one can be sure that things are very serious and often complicated. One day a Badaga woman was carried to the hospital . . . It was a case of retained placenta of three weeks duration, as the relatives told us. The woman was semi-conscious and pale with the loss of blood . . . (Ketti Medical Mission 1953:4).

(657) With the increase in government programs for training midwives, such tragedies are becoming very rare. Some Badagas apparently knew of a medicine which they also provided Todas with to release a delayed placenta (Rivers 1906: 323).

844 788 Next, the floor where the child was born is washed with a cowdung solution. A handful of hay is lit with a brand from the fire and circled around several times over the damp spot. The burnt hay is then thrown away and the firebrand hit on the floor at that (751) point. The same place is then scratched with an adze, for it is said that if this is not done the child will get itches on the skin. (No spells are spoken; and it is not important to get the cowdung dried by the fire.)

844 The afterbirth is then carried by a woman to somewhere, generally within the hamlet boundary, where it can be buried. This can be anywhere distant from the settlement. Men may come to help (783) dig the hole, but will not touch the polluting afterbirth. It is bundled up in the dirty cloths or sacks, all of which are buried with it. A big stone and thorn bushes are put on top of the burial place, simply to make sure that no jackals or dogs eat it, for Badagas do

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not savour the idea of that; (although if it happens nothing in particular follows). Should the infant die shortly afterwards, before it has been named, it too is treated as afterbirth material and buried at the usual cemetery. If someone asks the mournful family who has died, the answer must be "No one."

4.13. For the first day or two after birth the mother is given a hot bath four or five times daily. Up till this time she cannot bathe herself, but must have some woman help her. After that time she bathes herself in hot water, twice daily until 25 to 30 days after delivery, and thereafter once daily. Always, the water used is hot. The baby is given a bath three times daily for the first eight days, then twice a day till the nineteenth day, and thereafter once daily, in the evening only.

In the old days, the newly delivered mother was given a special preparation of little millet. This was first baked, and then boiled till it was a mushy porridge (Birch 1838: 104). Now she eats a non-liquid curry. For that peppercorns are fried in a clarified butter, then ground up on the curry grinder. Then some garlic is fried, and salt, tamarind and clarified butter mixed with it while it is kept warm beside the fire. A limited amount of this food is given to the mother twice daily until the fourth or fifth day after delivery, by an old woman who will restrict the quantity even though the mother might want more. Thereafter, for the next 20 to 40 days, according to the state of the mother's health, she continues with this as her morning meal, but in the evenings has paddy rice and lentil soup. She can take a small amount of milk, even from the day of her delivery. This can only be cow's milk, and must be boiled before drinking. It is recognized that a woman who has given birth may appear weak and ugly, and repeated births can lead to ill-health. A proverb puts it this way: "The appearance of a woman who has just given birth to one child is like the appearance of a heifer which has given birth that day."

No woman who has given birth may touch any household utensils till the third, fifth, seventh or ninth day after the first full or new moon, I was told; alternatively it has been reported that she must first see the crescent moon before the period of pollution can end (Thurston 1909: 109). She should be given no work for eight days before or eight days after her delivery: during that fortnight her husband must provide for all her needs, even if he is on the point of divorcing her. It used to be that after five, seven,

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853 A woman affected by a "bad wind" of any kind can counteract
751 it by going out beyond the territorial boundaries of her village
783 and then returning, on the way finding the two plants *molḷe muttu giḍu* and cardamom. She should rub them together in her palms, adding a little water and rabbit dung. Then if she swallows this preventive mixture before nursing the child it will not be affected by the "bad wind."

5.5. There are two medicines that can be administered to a mother
853 if her milk stops flowing because of some frightening experience.
757 The first one applies if her baby is less than four or five months
755 old. The therapist sitting with the mother has a whole lime in one hand and with it some sacred ash (*vibuṭi*) or occasionally wood ash. She moves the lime around clockwise (from her viewpoint) in front of the mother, while saying: "If there is any bad air, or if she has had a fright, may the milk now flow!" The sacred ash is then smeared on the mother's brow and she eats a little of it too. Next the lime is cut in half, and the mother drinks its juice. This procedure is followed every morning for three days. If the baby is older than four months another medicine is given instead. Half a glass of the juice of the cockspur flower is drunk by the mother before each morning meal, for three or five consecutive days.

862 5.6. Before weaning the child is already being fed by hand by some relative and this continues until at about four or five years he feeds himself from a separate plate or leaf. From the start of the third month of life, and certainly before the start of the fifth month, the baby is given solid food. In earlier times more than today this was a good quality of little millet; now good rice is more usual. It is mixed with water or cow's milk—but not buffalo's—and boiled in a small pot (*kuḍikke*) used only for this purpose. A pinch of salt is added and perhaps some butter or clarified butter. The baby is given this once daily during the first month of eating, and thereafter twice daily.

539 One proverb exhorts people to be generous in feeding enough to
862 the children: "Neither should the rice become half, nor the sister's children become weak." Or sarcastically, "See that person dance with half-empty stomach!" (Metz 1864: 97). Another refers however to the greediness of some children: "If you give a child, which has scarcely spoiled flour to eat, a cake, it will ask sugar to put upon it" (Metz 1864: 96).

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Thurston (1909). We will simply offer a listing of what the ceremonies are, in chronological order, and will also describe those nonceremonial childhood events which alter the surface of the human body in some way, and hence are of some relevance to an account of Badaga health and illness.

(*a*) *Birth*. The only ceremonial aspect at delivery is a magical act to ward off any evil influence. It is described in detail above (4.11).

(*b*) *Naming*. This important ceremony makes the child into a social being, and must be performed before the fortieth day of life. Should it die before the ceremony the child's corpse is buried without a formal funeral (Jagor 1876: 199; Thurston 1909: 110).

(*c*) *Head Shaving*. This is usually combined with the ear boring, and should occur within about a year of the child's birth, but after the naming ceremony. The shaving is now done with a razor but formerly used a fragment of bottle glass (Thurston 1909: 110). Children should have a second complete shave at any time from two weeks to a year afterwards, but with no further ceremony, before their hair is allowed to grow long.

(*d*) *Ear Boring*. Sometimes this used to be combined with the naming ceremony (Jagor 1876: 199), but otherwise it occurs during a child's first year. It should follow the shaving. An earring is simply touched to the child's ear, but several years later the lobes will be punctured without any further ceremony, using the point of an earring for this (Rhiem 1900: 503).

(*e*) *First Tooth Ceremony*. Generally all babies get their lower teeth first, but in the case of a boy there will be a small ceremony if he gets teeth in the *upper* jaw first.

(*f*) *School*. There is no ceremony for when a child starts school, but the parents select an auspicious day for this and distribute sweets to the new classmates.

(*g*) *Nostril Piercing*. This is done in a girl's ninth, eleventh or thirteenth year on an auspicious day, but without any ceremony. In earlier times it was essential for a girl to have a nose-ring before she got married. Since about 1955 the practice has stopped altogether, and before that it was often combined with a girl's tattooing.

(*h*) *Tattooing*. Today the tattooing of girls is going out of fashion, and few of the younger women are so marked. A century ago however all women were tattooed on the forehead, and Jagor illustrates

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half-a-dozen of the common patterns (1876: 195). These designs, made up of dots, dashes, crescents and circles, were also to be seen on the shoulders of some women, and the forearm and back of the hand were commonly tattooed as well. Although it was obligatory it was never an occasion for ceremony. The technique calls for an older woman, Badaga or otherwise, to etch the pattern on the skin with a thorn from one of two plants, the common Nilgiri barberry or the Bengal currant. Pins and needles are used now. The pigment used is finely powdered charcoal from the bottom of a pot, or else lamp black, mixed with rice gruel (Thurston 1909: 82). Afterwards an oil is put on to the wounds. Rhiem (1900: 504) adds that a silver finger-ring is plunged into a corrosive black liquid and then pressed against tattoo wounds. Shoulder, wrist and hand tattoos may be added later, even after marriage, while a woman is in the menstrual hut. Men are never present for a tattooing.

(*i*) *Milking Initiation.* Nothing ceremonial happens to a boy between his naming and head shaving in infancy, and the initiation into adult work between the ages of seven and nine. This involves his ceremonial milking of a buffalo (Natesa Sastri 1892: 757-58; Francis 1908: 131; Thurston 1909: 87-88; "Miles" 1933: 73).

(*j*) *Lingayat Initiation.* Boys of the several Lingayat clans, including the Woḍeya phratry, undergo a ceremony of investiture of the *linga* at about their 13th year. A *pu:ja* is performed and the boys learn a prayer (Natesa Sastri 1892: 758-60; Thurston 1909: 90-93). Today the ceremony, which is always to be done in an odd-numbered year of a boy's life, occurs even as early as his fifth year.

(*k*) *Puberty Rites.* Menarche is marked by complicated observations, as explained above (3.11); but for a boy's puberty there is no observance whatsoever.

Childhood Maladies

5.23. Whatever may seem to be wrong with an infant it is given no medicines until its fifth month. If necessary before then a medicine may be given to its mother, in the expectation that the child will derive a benefit from it through her milk. This is the case for example if a child is affected by a "bad wind."

In earlier days a thread with 108 knots in it

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representing 108 protective spells that had been said while it was being made, was put round the neck of a Badaga infant to protect him from all sorts of evil and illness. Nowadays a talisman is often worn instead. It consists of a tiny sheet of copper on which a magical symbol has been engraved, placed inside a silver cover, and tied round a child's neck after a hen or goat has been sacrificed. Both of these items were made by non-Badagas living in the Coimbatore Plain. Different kinds of talisman ward off illness, possession by ghosts, "bad winds," barrenness, failure in trading, or failure in courtship. Today a talisman is only bought after a child (or occasionally an adult) has been sick, to ward off a recurrence of that illness. In the last century children's talismans were reportedly "kneaded from earth and ashes taken from funeral pyres" (Reclus 1885: 232).

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THERMAL BURNS: DRY (*benda hunnu*)

5.24. Children sometimes have pus-filled swellings and rashes on the skin caused not by maladies so much as by earlier treatments. Thus one small boy reportedly had such wounds on the forehead, two over the nipples, two over the navel, two more to the right and left of it, and one on the abdomen, all caused by burning with the rhizome of the sweet flag. Girls often had slime smeared on their festering new tattoo wounds (Jagor 1876: 196; cf. 7.9).

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LEUKODERMA (*sullu*)

5.25. Albinoism occurs because the body is "overheated." Alhinos generally die in infancy, but some "ripen" till they attain the colour of their parents. The disease appears after birth, it is said, and affects either some parts or the entire body. Today only certain Kurumbas still know the plants necessary for a herbal cure, although Badagas once knew them too.

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ALOPECIA AREATA (*tare maṇḍe*)

5.26. If a newborn child has scant hair or patchiness on the head, it is shaved half-a-dozen times, and then the head-shaving ceremony is held at an unusually early age. If this does not

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ment to be applied externally. The latter is made from the leaf of the aloe: a large one is heated over a fire and then twisted, and a tumbler of the juice it yields is collected. This is mixed with half a tumbler of finger millet flour, a quarter tumbler of ash, and an eighth of a tumbler of salt. A bigger quantity is mixed up in these proportions if the afflicted area is unusually large. The mixture is boiled till it becomes a paste and is dabbed over the affected part of the body. This procedure is followed once daily for three consecutive days, and only on the fourth day does the patient wash the paste off. If he is still not cured the treatment may be continued for another day or two; (but see below, 7.2).

General Illnesses of the Entire Body

6.70. General weakness is seen as normal in an old person, and there is no remedy for it. On the other hand, if an old person becomes ill he is treated with the appropriate medicine.

If health (*pittam*) increases its influence over the body out of proportion to the influence held by the other two aspects of man—behaviour and mind—then the body feels faint and vomiting occurs. The treatment for this imbalance is to cut a sweet lime in half, remove its seeds, and grind them together with cumin. This powder is mixed with the lime juice and swallowed by the patient early in the morning, before any other food or drink. This treatment may last from one to five days.

TRACHOMA OR CONJUNCTIVITIS (*kumna gaiy*)

6.71. If an otherwise healthy man has a sudden headache and a nauseous sensation, then Badagas say a "wind" has struck him. This is the disease known as "Small Wind." Every adult can recognize its symptoms, for it is a common illness in the Nilgiris. The eyes turn red but not watery, and in a serious case vision is impaired. When a man is away from home and realizes he has been struck

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753 were sacrificed by beheading directly in front of the
776 Ma:riamma temple. Two features of this ceremony
796 are of interest: one is that the soil was ploughed
782 at that point so that the blood of the victims flowed into the earth; the other is that a curtain was drawn in front of the image of Ma:riamma while the beheadings took place, lest the sight of all the blood should so arouse her thirst that she would go on the rampage through some villages, seeking the death of her human victims. A few years ago the animal sacrifices ceased. The symbolism suggests that Ma:riamma is a type of Hindu earth mother concerned as much with the fertility of the soil as with the control of disease: its control is obviously linked to the conservation of agricultural labour, from an ecological viewpoint.

753 If a person gets smallpox it means that he has
755 done something impure. For this reason a thera-
776 pist must pray to Ma:riamma for forgiveness of the patient's sins. The goddess is thereby pleased, not offended, if the patient recovers; yet if she is very angry she may still cause further deaths.

751 For a very long time the Badagas have relied on
177 inoculations against smallpox. Probably the first
[799] person to administer these was the German missionary G.H. Weigle, who in 1846 vaccinated about 700 Badagas, "as a result of which a whole village gave him false names, for fear of magic" (Basel Mission 1846: 48-49; Eppler 1900: 79). This represented a remarkable change of attitude, for the situation up to that time was that, "...many refuse to take any remedies themselves, or to allow any to be administered to their relations, and thence arises their antipathy to vaccination. The supposition is not as to the nature or inefficiency of the means, but it is the fear of offending the goddess..."(Harkness 1832: 117, note). There is some evidence that the large-scale festivities in honour of Ma:riamma were adopted by the Badagas only towards the middle of the nineteenth century,

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a dating which raises the interesting question of whether this worship was intended to soften her anger at the effectiveness of the newly-introduced "European" vaccinations (Stokes 1882: 173).

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It is believed that one infected person can infect many others, and yet Badagas feel that if someone from *beyond* the hamlet has seen an infected person before a neighbour in his *own* hamlet does so, the latter person is that much safer from attack. It is as though some of the danger has been carried off. A person may be infected by smallpox at any age, and he then retires to bed, while the remainder of the population leave the hamlet altogether. Someone of the same sex as the patient, and who has already had the disease, stays to attend him. This person need not be a therapist, but is advised by a therapist. It is believed that anyone who has already had smallpox cannot transmit the disease from an infected person to someone else unless he does it by giving the patient's clothing to somebody. This is quite unlikely to happen since other villagers are not in contact with him at the time. When a patient dies, all the people looking after other smallpox patients in that hamlet help bury the corpse. While it is permissible for other men to dig the graves, they keep well away when infected corpses are brought for burial. It is believed (and perhaps justifiably) that if they were cremated, the smoke could spread the disease.

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Smallpox gives the patient more trouble with itching than do any of the other "sister" diseases, and so he lies on big plantain leaves since these give a cool sensation. He is given a diet of nothing but "cooling" foods, with very little salt. All of the rules and prohibitions adopted during the treatment of chicken-pox also apply to the people caring for patients with smallpox: thus the house must be kept pure, men must not smoke there, sexual relations must not occur, and no oily substances may be used in cooking. Anyone, whether

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the villages around, and this is another reason for the falling off of numbers attending our Dispensary. (Ketti Medical Mission 1938: 4-5) 164

Elsewhere we learn that, "Plague though not so virulent as it was some years ago, continues to visit certain villages...The infection is invariably traced to importation from Mysore. In 1925 it caused 21 deaths." (Madras 1928: 63)
According to the Nilgiri District gazetteer:

Plague did not reach the district until 1903, in February of which year it was imported from Mysore to Gudalur and caused twenty deaths by the end of March...The disease then spread rapidly among the planters' coolies, estate after estate reporting cases...the outbreak resulted in 191 deaths in all.
In 1904, and again in 1905-1906, the disease reappeared; but the deaths from it numbered only 29 and 49 respectively. The expenditure on preventive measures was heavy, special staffs being engaged and substantial camps being erected, and the threatened attacks at least...awakened interest in sanitary improvement in the towns and larger villages. (Francis 1908: 253-54)

"Rat-falling," as the Badagas call it, is said to be caused by an evil goddess. Plague first attacks rats and then, so Badagas believe, mosquitoes carry it from rats to men. Thus whenever they find a dead rat in the house they clean and vacate that house at once, and nowadays immediately seek injections from public health officials. It is said that people only need to vacate their homes for ten days, but Badagas in fact leave them empty for the entire period between the new moon and the full, or *vice versa*. Before injections were available for plague, Badagas put a paste on the sores it caused, and "one out of ten were cured" by this means; the rest died. The paste was the kind generally put on sores (*ga:le* cf. 6.2). 164 753 751

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task, and does not put it on again till she has bathed herself at the end of the pollution period.

Today each cluster of villages (i.e. Panchayat Board) has one trained nurse and two or three midwives appointed by the State Government. The later are just experienced Badaga midwives with no formal training who happen to have been recommended for the position. 759 744

Exorcists and Shaman s

10.7. Badaga exorcists are always male, and are very few in number. As often as not Badagas' ghosts have to be exorcized by non-Badaga exorcists. These men may also have lesser therapeutic skills, such as making talismans to ward off fevers and evil influences from the children who wear them. The idiosyncratic nature of exorcism is sufficiently indicated by the examples in Chapter 8 and calls for no further elaboration here. 791 (462) (751)

The most feared *mantrava:dis* (shamans) in the Nilgiris were members of the Kurumba tribe, one of whom might be "called in on all occasions of blight and murrain to propitiate or scare the demon of disease"—if such there be (Breeks 1873: 53). Though this may still occasionally happen, I find no record of Kurumbas acting as exorcists to the Badagas, even though they did offer much supernatural protection to them from the sorcery of other malicious Kurumbas ; and they do sometimes try to cure the sick. Thus, "In 1891, the inmates of a single Kurumba but were said to have been murdered, and the hut burnt to ashes, because one of the family had been treating a sick Badaga child, and failed to cure it.... Again, in 1900, a whole family of Kurumbas were murdered, of which the head, who had a reputation as a medicine man, was believed to have brought disease and death into a Badaga village." (Thurston 1912: 233-34 ; also 1909 : 86). The Badagas were never so brutal with their own therapists, but the latter never seemed to be holding the threat of sorcery over the heads of their fellows. The worst that an unpopular therapist might have to suffer would be the mockery of an appropriate proverb; for instance, "He has healed others, but cannot cure himself" (Metz 1864 :95), or "It is half bad if you do something [wrong] when you know about it; entirely bad if you do it when you are ignorant." 756 177 (791) (754) 759 (754) (626) (539)

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and alms to the destitute. The poor people no doubt sometimes abused his kindness and he detected such practices now and then... Among the whole population of the Kaity valley and farther, he was held in the highest veneration." (Basel Mission 1849: 30-31) Casamajor died in 1849, leaving his property to the Basel Mission. The first missionary to concern himself with medical matters there was the German Gottfried H. Weigle (1816-1885), who vaccinated about 700 Badaga children in 1846 (Mullens 1854: 61). Weigle did not stay long, however, and the later missionaries were mostly not skilled in any kind of therapy beyond bandaging. Indeed one of them instilled a genuine distress in many Badagas by causing great loss of face in connection with bandaging a burn. The Rev. Mörike had attended a fire-walking ceremony at which he refused the common courtesy of removing his shoes, and was clearly upset that walking on fire could be done successfully in the name of a heathen god:

> ...this act serves as the main proof of the truth of their idolatry. We therefore prayed the Lord to do something with His strong arm to save His own and its rights. And something happened. One of these invulnerable Brahmins burned his feet so much that he was forced to come to us for help and bandage. This caused great distress among the people and the Brahmins were not a little uneasy. We used this occurrence as much as we could for preaching the Truth of Jesus Christ but it did not come through. Now they say that the one who burned his feet must have committed a very grave sin or else this would not have happened to him, and that now he had been punished by the gods. (Mörike 1851 : 38-39)

Much more recently the Rev. Henry Gulliford recorded in his diary (14 June, 1934) that at a Nilgiri mission hospital, "Two coolies had been brought very ill to the hospital. They prayed over them and they died. The people said that the doctor said *mantrams* over them, which killed them!"

Despite such bad public relations, the early missionaries did build up some confidence in their very limited medical abilities. The Badagas often sought bandaging, medicines, and even inoculations from the German and Swiss missionaries (Ouchterlony 1848: 65; Sawday 1884 : 15). By the early twentieth century Roman Catholic